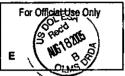
U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1	OLINE								
1 File Numi	ber U 9825			2 Fiscal	Year Covered From				
					1/1/2	004 Through	12/31	2004	
3 Name and address of person filing					4 Name file number and address of labor organization				
Name Keith Youst			Name Teamsters Local Union No 429						
					Labor Organization File Number 033 012				
PO Box Bldg Room No If any PO Box 15^22					P O Box Building and Room Number if any P O Box 15222				
Street				Street					
City Re	City Reading			City Reading					
State Pe	ennsylvania		ZIP Code + 4 19612-5222	State	Pennsylvanıa		ZIP Code + 4	19612-5222	
5 Position i	in labor organization	Busines	ss Agent				101		
	Business Agent								
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent									
6 Name and address of Employer (including trade name if any)					7 a Nature of Interest Transaction or Income				
Name									
Trade Name if any									
PO Box Bldg Room No If any									
Street			The state of the s	7 b Amo	Juni				
<u> </u>) 	ν Γ			
City] '	N.				
State		<u> </u>	ZIP Code +4	3 .	<u>.</u>				
Signature									
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)									
Signed	Keith	14	rout	i On [8/5/2005	610 320-5	and the same of distance of the same		
)		Date	٦	Telephone Numb	er	

Name of Person Filing Keith Youst	File Number U							
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested								
8 Name and address of Business (including trade name if any) Name Central PA Teamsters Pension Fund Trade Name if any P O Box Bidg Room No if any Street 1055 Spring Street City Wyomissing State Pennsylvania ZiP Côde + 4 19610	9 Business deals with X a Labor Organization b Trust c Employer 11 a Nature of such dealing							
Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	Taft Hartley Pension Fund sponsored by the Local Union 11 b Approximate dollar value of such dealing \$2 billion + 12 a Nature of interest held or income received Spouse employed by the Pension Fund (Wages Pension contributions and Health & Welfare contributions)							
	12 b Amount \$64 383							
-C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value								
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment.							
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.							